

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT/TA		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		61	
2							62	
3							63	
4							64	
5							65	
6			/				66	
7			/				67	
8			/				68	
9			/				69	
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31			/				91	
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33			/				93	
34			/				94	
35			/				95	
36			/				96	
37			/				97	
38			/				98	
39			/				99	
40			/				100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	3							
TOTAL DEP.	12							
TOTAL	15							